

Child injury prevention

Draft revised resolution with amendments proposed by Member States

The Executive Board,

Having considered the report on child injury prevention,¹

RECOMMENDS to the Sixty-fourth World Health Assembly the adoption of the following resolution:

The Sixty-fourth World Health Assembly,

PP1 Recalling resolution WHA57.10 on road safety and health, which affirmed that road traffic injuries constitute a major public health problem that required coordinated international efforts;

PP2 Recalling also that the Health Assembly in resolution WHA57.10 accepted the invitation by the United Nations General Assembly for WHO to act as a coordinator on road safety issues within the United Nations system, working in close collaboration with the United Nations regional commissions;

PP3 Further recalling resolution WHA60.22 on health systems: emergency-care systems, which recognized that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, and resolution WHA58.23 on disability, including prevention, management and rehabilitation, which urged Member States to take all necessary steps for the reduction of risk factors contributing to disabilities in childhood;

PP4 Acknowledging the responsibilities to ensure safety in the care and protection of children affirmed in the Convention on the Rights of the Child (1989) **and in International Labour Organization Convention 182 (1999) [UNITED STATES OF AMERICA], particularly in low- and middle-income countries where there exists a significant burden of child injuries [CANADA]** and the safety and protection of persons with disabilities set out in the Convention on the Rights of Persons with Disabilities (2006);

¹ Documents EB128/19 and EB127/5 Add.1.

PP5 Recognizing that child injuries are a major threat to child survival and health, that they are a neglected public health problem with significant consequences in terms of mortality, morbidity, quality of life, social and economic costs, and that in the absence of urgent action this problem will hamper attainment of the Millennium Development Goals, **particularly in developing [BARBADOS], low- and middle-income countries, and in the countries of South-East Asia and Africa where there exists more than 95% of the global burden of child injuries [BANGLADESH]¹; where there exists a significant burden of child injuries [CANADA];**

PP6 Further recognizing that multisectoral approaches to preventing child injury and limiting their consequences through implementation of evidence-based interventions have resulted in dramatic and sustained reductions in child injury in countries that have made concerted efforts;

PP7 Welcoming the joint WHO/UNICEF *World report on child injury prevention*² and its recommendations for public health policy and programming;

PP8 Considering that existing child survival and child health and development programmes should introduce child injury prevention strategies, ensuring these are an integrated part of child health services, and that success of child health programmes should not only be measured through the use of traditional measures of infectious disease mortality but also by indicators of fatal and non-fatal injury,

1. URGES Member States:

(1) to prioritize the prevention of child injury **among child issues [CANADA]** and ensure that intersectoral coordination mechanisms necessary to prevent child injury are established or strengthened;

(2) to **continue and if necessary to [CANADA]** strengthen their commitments under the Convention on the Rights of the Child (1989) to respect, protect and fulfil the rights of children to the highest attainable standard of health and to take all appropriate legislative, administrative, social and educational measures to protect children from injury;

(3) to ensure that funding mechanisms for ~~public health relevant [HUNGARY] programmes including health programmes that support child survival or child health and development also are adapted to make financial resources available to expand those programmes to [CANADA]~~ **[HUNGARY] cover child injury and prevention, emergency, pre-hospital care, treatment and rehabilitation services [TIMOR-LESTE];**

(4) to implement, as appropriate, the recommendations of the WHO/UNICEF *World report on child injury prevention*, including, if not already done, the assignation of a

¹ Note from WHO Secretariat: The *World report on child injury prevention* provides the following data. Mortality for under 20 year-olds in the South-East Asia and African regions combined totalled 558 000 deaths out of the total of 950 366 deaths reported worldwide.

² Peden M et al, eds. *World report on child injury prevention*, Geneva, World Health Organization, and New York, United Nations Children's Fund, 2008.

leadership role to a government agency or unit for child injury prevention and the appointment of a focal person for injury prevention, while ensuring that such leadership facilitates collaboration between relevant sectors of government, communities and civil society; to implement, **according to national needs [HUNGARY]**, the key strategies identified in the *World report* as effective interventions to preventing child injury; and to monitor and evaluate the impact of these interventions;

(5) to integrate child injury prevention in ~~both~~ **[HUNGARY] national child development programmes and [CHINA] in other relevant public—health [HUNGARY] programmes, and to establish multisectoral coordination and collaboration mechanisms [CHINA]** in particular ensuring that prevention of child injury is accorded appropriate importance within programmes for child survival and health;

(5bis) to integrate child injury prevention in both national child development programmes and public health programmes, and to establish multisectoral coordination and collaboration mechanisms in particular ensuring that prevention of child injury is accorded appropriate importance within programmes for child survival and health; to develop and implement a multisectoral policy and plan of action that contain realistic targets for child injury prevention, and include promotion of standards and codes on product safety, school and play spaces, construction regulations and laws, as either a stand-alone policy or plan, or incorporated within the national child health policy or plan [CHINA *proposal to combine paragraphs 5 and 7*];

(6) to ensure that national data collection across relevant sectors **or surveillance systems [TIMOR-LESTE] quantifies the demographic, socioeconomic and epidemiological profile [TIMOR-LESTE]** of the burden of, risk factors for, and costs of child injury, and to assure that the resources available are commensurate with the extent of the problem;

(7) to develop and implement a multisectoral policy and plan of action **where necessary [HUNGARY]**, that contain realistic targets for child injury prevention, and include promotion of standards and codes on **child labour and legal adolescent employment [UNITED STATES OF AMERICA]**, product safety, school and play spaces, construction regulations and laws, as either a stand-alone policy or plan, or incorporated within the national child health policy or plan;

(8) to **promulgate legislations and regulations where necessary, strengthen and effectively enforce, and if necessary strengthen, the existing laws and regulations relevant to the prevention of child injury; [TIMOR-LESTE]**

(8bis) to enforce, and if necessary, strengthen the existing laws and regulations relevant to the prevention of child injury [HUNGARY];

(9) to strengthen emergency and rehabilitation services and capacities, including first-response teams, ~~the acute pre-hospital care, management during pre-hospital care, and within at health facilities of injured children,~~ and suitable rehabilitation programmes for injured or disabled children; **[BARBADOS]**

(10) to define priorities for research, and support research on the impact of, ~~and~~ **[CANADA]** risk factors for, child injury, and on interventions needed to prevent child injury, including research on the effectiveness of strategies defined as promising in the WHO/UNICEF *World report on child injury prevention*;

(10bis) to work closely with research and development communities, manufacturers and distributors on safety products relevant to child injury profiles and affordable by developing countries; [TIMOR-LESTE]

(10ter) to define priorities for research, taking into consideration the WHO/UNICEF *World report on child injury prevention*, and working closely with research and development communities, including relevant manufacturers and distributors of safety products [CANADA proposal to combine 10 and 10 bis];

(11) to raise awareness **and health literacy**, in particular **on child safety** among parents, **children [TIMOR-LESTE] employers [UNITED STATES OF AMERICA]** and relevant professional groups **DELETED [CANADA]** | , about risk factors for child injury, especially transport, **including the use of cell phones and other such mobile devices while driving [UNITED STATES OF AMERICA], workplace hazards [UNITED STATES OF AMERICA],** water and fire hazards, and lack of child supervision and protection of children, and to advocate dedicated child injury prevention programmes;

2. REQUESTS the Director-General:

(1) to collaborate with Member States in improving data collection and analysis systems for child injuries and in establishing science-based public health policies and programmes for preventing and mitigating the consequences of child injury;

(2) to collaborate with organizations of the United Nations system, international development partners and nongovernmental organizations to establish a mechanism for the communication and sharing of information on child injury and activities of child injury prevention, in order to guarantee cooperation and coordination of all parties concerned [CHINA];

(2bis) to encourage research that expands the evidence base for interventions to prevent child injuries, mitigate their consequences and the evaluation of the effectiveness of such interventions through collaborating centres and other partners, including translation to affordable safety products, policy interventions and effective implementations; [TIMOR-LESTE]

(3) to facilitate the adaptation and transfer of knowledge on measures **and instruments [BRAZIL]** to prevent child injury from ~~high-income countries to low- and middle-income~~ **developed to developing** settings; **[BARBADOS]**

(3bis) to assist Member States in developing and implementing child injury prevention measures; [CHINA]

(4) to provide additional support to national injury prevention focal persons by organizing regular global and regional meetings and providing technical assistance;

(5) to provide technical support for strengthening systems and capacities for emergency and rehabilitation services;

(6) to collaborate with Member States, organizations of the United Nations system, and international development partners and nongovernmental organizations to mobilize resources and to augment the capacities needed to prevent child injury and undertake related rehabilitation programmes, **to organize advocacy activities for governments of Member States [CHINA]**, and to raise awareness **that in the absence of urgent action this problem will hamper attainment of the Millennium Development Goals, particularly in [BANGLADESH] developing and [BARBADOS] low- and middle-income countries where there exists ~~more than 95% of the global~~ a significant [CANADA] burden of child injuries of the problem [BANGLADESH]**;¹

(6bis) to constitute an interagency forum/committee so that there is a coordinated mechanism for supporting developing [BARBADOS] low- and middle-income countries, as injury prevention is widely a multisectoral issue, and other United Nations agencies can play an effective role [OMAN];

(6ter) to invest more on building institutional and individual capacities among Member States so that they are able to develop cost effective interventions at national and sub-national levels [OMAN];

(7) to report progress made in implementing this resolution, through the Executive Board, to the Sixty-seventh World Health Assembly in May 2014.

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